

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. FILING DATE

APPLICANT(S)

0974183

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2	1	-			1	
3	1				1	
4	1	2			1	
5	1	2			1	
6	1	2			1	
7	1	2			1	
8	1	2	(1)			
9	1	2			1	
10	1	2			1	
11	1	2			1	
12	1	2			1	
13	1	2			1	
14	1	2			1	
15	1	2			1	
16	1	2	1			
17	1	2			1	
18	1	2			1	
19	1	2			1	
20	1	2			1	
21	1	2	1			
22	1	2			1	
23	1	2			1	
24	1	2			1	
25	1	2			1	
26	1	2			1	
27	(1)	2			1	
28	1	2	1			
29	1	2			1	
30	1	2			1	
31	1	2			1	
32	1	2			1	
33	1	2	1			
34	1	2	1			
35	1	2	2			
36	1	2			1	
37	1	2			1	
38	1	2	2			
39	1	2	2			
40	1	2	2			
41	1	2			2	
42	1	2			2	
43	1	2			2	
44	1	2			2	
45	1	2			2	
46	1	2			2	
47	1	2			2	
48	1	2			2	
49	1	2			2	
50	1	2			2	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1			
52			1			
53			1			
54			1			
55			1			
56			1			
57			1			
58			1			
59			1			
60			1			
61			1			
62			1			
63			1			
64			1			
65			1			
66			1			
67			1			
68			1			
69			1			
70			1			
71			1			
72			1			
73			1			
74			1			
75			1			
76			1			
77			1			
78			1			
79			1			
80			1			
81			1			
82			1			
83			1			
84			1			
85			1			
86			1			
87			1			
88			1			
89			1			
90			1			
91			1			
92			1			
93			1			
94			1			
95			1			
96			1			
97			1			
98			1			
99			1			
100			1			
TOTAL IND.			18			
TOTAL DEP.			213	1		
TOTAL CLAIMS			228	20		